



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
P.O. BOX 176, JEFFERSON CITY, MO 65102-0176  
**ASBESTOS PROJECT NOTIFICATION**

**FOR APCP USE ONLY**

**PART A. NOTIFICATION INFORMATION**

1. TYPE OF NOTIFICATION (CHECK ONE)

☐ ORIGINAL ☐ REVISION ☐ CANCELLATION

2. TYPE OF PROJECT NOTIFICATION

☐ 160 SQUARE FEET, 260 LINEAR FEET, 35 CUBIC FEET OR MORE OF FRIABLE ASBESTOS MATERIAL INVOLVED\*

☐ LESS THAN 160 SQUARE FEET, 260 LINEAR FEET, OR 35 CUBIC FEET OF FRIABLE ASBESTOS MATERIAL INVOLVED

DOES THIS PROJECT INVOLVE STRUCTURAL RENOVATION ☐ OR DEMOLITION ☐ \*\*

**\*NOTE:** A NON-REFUNDABLE REVIEW FEE OF \$100 MUST BE SUBMITTED FOR ANY ASBESTOS ABATEMENT PROJECT INVOLVING 160 SQUARE FEET, 260 LINEAR FEET, 35 CUBIC FEET, OR MORE OF FRIABLE ASBESTOS-CONTAINING MATERIAL, AND FOR PLANNED RENOVATION PROJECTS AS DEFINED IN U.S. EPA REGULATION 40 CFR PART 61 SUBPART M.

**\*\*THIS NOTIFICATION DOES NOT SATISFY THE REQUIREMENT FOR DEMOLITION NOTIFICATION. USE FORM NUMBER 780-1923 FOR DEMOLITION NOTIFICATION.**

MAKE CHECKS PAYABLE TO MISSOURI AIR POLLUTION CONTROL PROGRAM OR THE APPROPRIATE LOCAL AGENCY.

3. IF AN UNSAFE STRUCTURE IS BEING DEMOLISHED UNDER THE ORDER OF A STATE OR LOCAL GOVERNMENT AGENCY, INCLUDE A COPY OF THE UNSAFE BUILDING DECLARATION AND COMPLETE THE FOLLOWING:

A. NAME OF INDIVIDUAL ORDERING DEMOLITION

B. TITLE

C. AUTHORITY OF THE INDIVIDUAL

D. TELEPHONE NUMBER

4. FOR EMERGENCY RENOVATIONS COMPLETE THE FOLLOWING:

A. DATE AND HOUR OF THE EMERGENCY

B. DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT

C. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN

5. IF A WAIVER OF ANY REQUIREMENT IS REQUESTED, INDICATE THE WAIVER DESIRED AND THE JUSTIFICATION FOR SUCH A WAIVER. (USE SUPPLEMENTAL SHEET IF NECESSARY)

A. WAIVER

B. JUSTIFICATION

**PART B. CONTRACTOR INFORMATION AND AUTHORIZATION**

1. ASBESTOS ABATEMENT CONTRACTOR NAME

2. CONTRACTOR ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. MISSOURI REGISTRATION NUMBER

7. REGISTRATION EXPIRATION DATE

8. ON-SITE PROJECT SUPERVISOR AND CERTIFICATION NUMBER

9. CONTRACTOR TELEPHONE NUMBER

10a. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE PROJECT AND PROOF THAT THIS PERSON HAS COMPLETED THE REQUIRED TRAINING WILL BE AVAILABLE FOR INSPECTION BY THE DEPARTMENT.

10b. BY MY SIGNATURE, I ATTEST THAT ALL ASBESTOS ABATEMENT PROCEDURES SHALL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL REGULATIONS.

10c. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING, THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE AND CORRECT.

11. SIGNATURE

12. DATE

13. PRINTED NAME AND TITLE

**MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
ASBESTOS PROJECT NOTIFICATION**

Any person who intends to perform an asbestos abatement project subject to the regulations of the Missouri Department of Natural Resources must provide the information requested in this form to comply with the requirements of the Missouri Air Conservation Law, Chapter 643 RSMo and Missouri State Rule 10 CSR 10-6.241. Except as provided in 10 CSR 10-6.241, this form is to be completed and returned to the department not less than 10 working days before the intended start date of the project. This notification is for asbestos abatement activities only and does not satisfy the requirement for demolition notification required by 40 CFR Part 61, Subpart M.

Any notification specifying work practices in violation of the applicable regulations will be considered invalid, as will notifications that are incomplete or illegible.

Parts A, B, C, D, E, F, G, and H must be completed for each notification. Notifications lacking the required information will be returned for completion and the 10 working day review period specified in Missouri State Rule 10 CSR 10-6.241 will be recalculated according to the policy of the appropriate agency.

Attach consecutively numbered supplemental pages, as necessary, to provide the information required in this notification form. Each supplemental page must refer to the part number and item to which it pertains, and must identify the project site and notification date. Failure to provide this identifying information will render a notification incomplete.

Mail completed notification and fee to:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)  
P.O. Box 176  
Jefferson City, Missouri 65102

NOTE: If the asbestos project is under the jurisdiction of the Kansas City Air Quality Section, St. Louis County Air Pollution Control Branch, the Springfield-Greene County Air Pollution Control Authority, or the City of St. Louis Division of Air Pollution Control, send this notification directly to the appropriate agency.

<b>PART C. PROJECT DESCRIPTION</b>			
1. FACILITY/PROJECT NAME			
2. ADDRESS			
3. PROJECT CITY	4. COUNTY	5. STATE	6. ZIP CODE
7. OWNER NAME			
8. OWNER ADDRESS			
9. OWNER CITY		10. STATE	11. ZIP CODE
12. OWNER CONTACT		13. OWNER TELEPHONE NUMBER	
14. BUILDING SIZE	15. NUMBER OF FLOORS	16. AGE IN YEARS	
17. PRESENT USE		18. PRIOR USE	

<b>PART D. ASBESTOS MATERIALS TO BE DISTURBED</b>			
1. DESCRIPTION AND QUANTITY OF FRIABLE ASBESTOS MATERIALS TO BE DISTURBED			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
2. DESCRIPTION AND QUANTITY OF NON-FRIABLE ASBESTOS MATERIALS TO BE DISTURBED			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
3. DESCRIBE THE PROCEDURE USED FOR THE DETECTION OF ASBESTOS CONTAINING MATERIALS INCLUDING THE ANALYTICAL METHOD EMPLOYED. INCLUDE A COPY OF THE ASBESTOS INSPECTION REPORT.			

<b>PART E. PROJECT SCHEDULE</b>			
1. SITE PREPARATION PHASE	START DATE	COMPLETION DATE	TIME
2. ASBESTOS ABATEMENT PHASE	START DATE	COMPLETION DATE	TIME
3. DAILY WORK SCHEDULE	START TIME	QUIT TIME	LUNCH BREAK

<b>PART F. OTHER MISSOURI CERTIFIED PERSONNEL INVOLVED WITH PROJECT</b>			
DISCIPLINE	NAME	CERTIFICATE NUMBER	TELEPHONE
1. AIR SAMPLING PROFESSIONAL			
2. INSPECTOR			
3. MANAGEMENT PLANNER			
4. PROJECT DESIGNER			

**PART G. PROJECT DESCRIPTION**

1. DESCRIBE ABATEMENT WORK INCLUDING LOCATION IN BUILDING, PLANNED DEMOLITION/RENOVATION, AND METHODS TO BE USED

---

---

---

---

---

---

---

---

---

---

2. DESCRIBE WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS

---

---

---

---

---

---

---

---

---

---

3. DESCRIBE THE CONTINGENCY PLAN IF UNEXPECTED RACM IS DISCOVERED

---

---

---

---

---

---

---

---

---

---

**PART H. WASTE DISPOSAL**

1. NAME OF WASTE TRANSPORTER			
2. ADDRESS			
3. CITY		4. STATE	5. ZIP CODE
6. CONTACT PERSON		7. TELEPHONE NUMBER	
8. WASTE DISPOSAL SITE			
9. ADDRESS			
10. CITY		11. STATE	12. ZIP CODE
13. CONTACT PERSON		14. TELEPHONE NUMBER	

## PART I. SUPPLEMENTAL INFORMATION

## 1. PROJECT SITE

2. NOTIFICATION DATE

3. PART NUMBER

4. ITEM NUMBER	
----------------	--

[illegible]